

**NICHOLLS STATE UNIVERSITY**  
**Controller's Office / Fee Collection Center**  
**Credit Card Authorization**

**Credit Card payments:**

You may pay your invoice using Visa, MasterCard or Discover. Please fill out the following information below. **ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED FOR PAYMENT TO BE PROCESSED.**

\_\_\_\_\_ VISA                      \_\_\_\_\_ MASTERCARD                      \_\_\_\_\_ DISCOVER

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CREDIT CARD NUMBER

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EXPIRATION DATE (MO/YR)

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CHARGE AMOUNT (PAYMENT AMOUNT)

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SECURITY CODE

\_\_\_\_\_  
PRINTED CARDHOLDER NAME  
(Exactly as it appears on the card.)

\_\_\_\_\_  
CARDHOLDER ADDRESS

\_\_\_\_\_  
CARDHOLDER PHONE NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP CODE

I authorize Nicholls State University to charge my credit card the amount stated above as payment of amount due.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE